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ABSTRACT

The need to create social work interventions consistent with the needs and perceptions of different gender and ethnic groups has long been recognized. This article presents a method for using empirical data and consumer input to create a gender and ethnically relevant AIDS prevention intervention for African- and European-American adolescents. To design effective programs, researchers must learn about the target group and then use that knowledge to create methods best suited for that group. For this study, five methods (the "Take 5 Program") were used throughout the intervention development process to ensure gender and ethnic sensitivity: (1) empirical study of the target population; (2) focus groups; (3) advisory group input; (4) consumer input; and (5) pilot testing. Researchers evaluated this approach's effectiveness by using measures of consumer perceptions and learning. Data suggest that this procedure successfully integrated ethnic factors and women's concerns into a program to prevent the spread of sexually transmitted diseases among adolescents. No gender or ethnic differences existed on the learning measures. These strategies and findings can provide guidance for practitioners and researchers who wish to tailor their interventions for particular populations. The method can also be used to involve consumers and community members in the process of developing interventions. (RJM)

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Developing Gender and Ethnically Relevant AIDS Prevention Interventions for High Risk Adolescents

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Developing Gender and Ethnically Relevant

AIDS Prevention Interventions for High Risk Adolescents

Abstract

The need to create social work interventions consistent with the needs and perceptions of different gender and ethnic groups has long been recognized. This article presents a method for using empirical data and consumer input to create a gender and ethnically relevant AIDS prevention intervention for African- and European-American adolescents. The effectiveness of this method was evaluated using measures of consumer perceptions and learning. Results suggest that all three interventions were viewed as relevant by both ethnic groups and genders. No gender or ethnic differences existed on the learning measures. These methods and findings can provide guidance for practitioners and researchers who wish to tailor their interventions for work with particular populations.

Sexually transmitted diseases (STDs), including AIDS, have become a major health concern for American adolescents. Over 2.5 million U.S. teenagers contract sexually transmitted diseases other than AIDS each year (Centers for Disease Control, 1987). Although the incidence of AIDS among adolescents is still quite low, there is reason to believe that teenagers are at high risk since the rates of several other sexually transmitted diseases have been rising in the adolescent population and rates of premarital pregnancy in this population remain high (Cates, 1990; Hein, 1987).

The majority of sexually active adolescents do not consistently take precautions to avoid contracting the AIDS virus and other STDs. Although several studies have shown that adolescents have reasonably high levels of knowledge about AIDS transmission and prevention, adolescents still engage in risky sexual activities (DiClemente, Lanier, Horan & Lodico, 1991; Hingson, Strunin, & Berlin, 1990; DiClemente, Boyer, & Morales, 1988; Kirby, 1985). This suggests that teenagers need more than information in order to change their behavior.

The Take 5 Project sought to develop and test theoretically and empirically grounded interventions that assist sexually active heterosexual adolescents in using condoms. These interventions go beyond presenting factual information and were designed to be both gender and culturally sensitive since members of the Take 5 Project team felt that adolescents were more likely to work at changing risky behaviors when presented with strategies that are acceptable to them.

This paper describes the process used to tailor a set of interventions to particular target populations. The components of this process are applicable to the development of a range of health promotion and prevention interventions, although the example used here is that of STD prevention. Following a brief description of the Take 5 interventions, this paper outlines some important issues in the development of gender and ethnically relevant prevention interventions. Next, the methods used in the development of the Take 5 interventions will be described. Initial data from the adolescents who have received one of the three interventions is then presented to suggest the degree to which these methods were found relevant to different target groups. The article ends

with a discussion of the issues and trade-offs intervention designers may have to face in making a commitment to the incorporation of gender and ethnic content.

The Take 5 Approach

The Take 5 interventions provide the following content: basic information about AIDS and other STDs, information to counter negative beliefs about condom use, models that reinforce positive beliefs, and skills training for discussing and negotiating condom use with a partner. The interventions were designed to be appropriate for African- and European-American heterosexually active male and female adolescents. These two ethnic groups were the focus because they represent the adolescent groups in our region having the largest numbers of STDs.

A set of three interventions was designed: a comic book which presents the content in an easy to read format through a set of stories; a videotape presenting a soap opera type story of three adolescent couples struggling with the discussion and use of condoms; and group skills training which uses small and large group exercises to present the content. The skills training curriculum is intended for small groups of six to twelve adolescents and is led by an adult and two peer facilitators. In the group training intervention, skills are modeled by peer facilitators, and participants (both males and females) engage in role playing and receive feedback on their performances. The adult leader's role is to take the lead in presenting the material and ensure the participation of all members.

Issues in the Development of Gender and Ethnically Relevant Prevention Interventions

In order to develop effective programs to reduce the rate of HIV infection among adolescents, prevention interventions must take into account the unique perspectives of women, men, and people of color (Bricker-Jenkins & Hooyman, 1986; Chau, 1990; DeVore & Schlesinger, 1987; Gallegos, 1982; Kissman & Lewis, 1989). Research and thinking by Flaskerud (1986), De La Cancela (1989), Rogler, Malgady, Constantino, Blumental (1987), Schinke, Gordon & Weston (1990) and others have provided frameworks for conceptualizing how

culturally relevant and gender appropriate prevention interventions can be developed and implemented.

Despite the recognition of the need for gender and ethnically relevant interventions, there has been very little research on the effectiveness of this approach in comparison with others. Although intervention research has been conducted on adolescent AIDS prevention, few studies have identified ways in which gender or ethnically relevant factors can be integrated into programs in a systematic way. Those programs that have been tested have rarely looked at the relative effectiveness on different groups (eg. males vs. females, African Americans vs. Hispanic), or at those aspects of gender/ethnic sensitivity that can be considered most effective (Gilliam & Seltzer, 1989; Hillman, Hovell, Williams, Hofstetter & Burdyshaw, 1991; Slap, Plotkin, Khalid, Micaelman, & Forke, 1991; Schinke, et al 1990).

The extant literature on gender and ethnically appropriate programs suggests several themes and methods that should be considered in the design, development, implementation and evaluation of services. Particular attention should be paid to the ways in which the unique experiences of the target group, or groups, affect their perception of the problem, resources, and sources of help (Figure One).

Client Characteristics

Culture has been identified as a critical element in developing gender and ethnically relevant interventions. Programs should be consistent with the beliefs and values of the target group, or groups, in respect to health, health behavior, and help seeking. This is applicable both between groups (eg. African- vs. European-American adolescents) as well as within groups (eg. religiosity). Given the intimate and personal nature of sexual behavior, it is imperative that these factors be considered. For example, Gillmore, Morrison, Lowery and Baker (in press) found that European-American adolescents thought it more likely that condoms would interfere with romance than did African American adolescents.

Socialization. A second important factor is the way in which normative development and social roles, especially in respect to gender, will affect one's abilities, skills and expectations. For

example, differing levels of social or emotional maturity between younger and older adolescents can affect their ability to resist pressures for unwanted sexual contact. Particularly salient to the Take 5 Project are gender related norms regarding heterosexual adolescent relationships which will affect efforts to teach assertion skills to young women.

Power. A third important factor to consider is the role of power and its effects on the experiences of men, women, and people of color. Power can be defined as the ability to act on one's life choices, the ability to influence others, or the ability to determine the allocation of resources in a social system (Dodd & Gutiérrez, 1990). An individual's power in a situation is related both to his or her own social skills and characteristics and to group power. For example, although women as a group possess less social power than men, a particularly skillful or self directed young woman may have the ability to exercise considerable influence in her relationships with young men. Recognition of how power dynamics affect one's real and perceived options is an important element of developing gender and ethnically sensitive interventions.

Program Characteristics

Research suggests that certain program characteristics can affect the degree to which the target group can access the services and find them relevant to their life experience (Figure Two).

Access Issues. Improving access to services involves removing or reducing the impact of potential barriers to services. Some methods for increasing accessibility include: hiring staff who share the language, gender, age or ethnicity of the target population (Arroyo & Lopez, 1984; Lorenzo & Adler, 1984; Watkins & Gonzales, 1982); identifying and working with lay helpers such as ministers or community workers for outreach and consultation (Humm-Delgado & Delgado, 1986; Land, Nishimoto & Chau, 1988; Manson, 1986); involving community leaders in agency programs, especially in an outreach capacity (Arroyo & Lopez, 1984; Humm-Delgado & Delgado, 1986; Schilling, et al, 1989); and involving peers or consumers as service providers (De La Cancela, 1989; Hillman, et al, 1991; Slap, et al 1991. With adolescents, creating services they can access confidentially and without parent knowledge will also have an important impact.

Design Issues. Designing programs requires learning about the group and then using that knowledge to create methods that might fit best into the culture, socialization, and power dynamics which characterize that group. This information would be taken into account in relation to the choice of methods (eg. group, individual, family, community; didactic vs. interactive); composition of any educational or treatment group; choosing the relevant messages regarding health and behavior, selecting models for strategic communication, and selecting situations upon which to focus. The TAKE 5 approach, which has used these methods for development of a gender and ethnically relevant intervention, provides one example of how this work can be carried out.

Developing the Take 5 Program

Five methods were used throughout the intervention development process to ensure the gender and ethnic sensitivity and relevance of the materials. As outlined in Figure Three, these were: empirical study of the target population, focus groups, advisory group input, consumer input, and pilot-testing. Each of these are described next with examples from the Take 5 project.

Empirical Study

Two interrelated studies were used to help ensure that the Take 5 interventions were grounded in the actual experiences, beliefs, and attitudes of the adolescents for whom the interventions are intended. One goal of these studies was to see if different factors predicted condom use for different groups (males and females, African- and European-Americans) in the target population (Gillmore et al, in press). In addition, differences in attitudes, norms, and experiences using condoms could be uncovered and utilized in intervention design.

A preliminary qualitative study using open-ended questions provided information on the target population's beliefs regarding condom use.[1] The target population was defined as heterosexual adolescents in juvenile detention and heterosexual adolescents attending an urban

[1]This study, the Health Decisions Project, was funded in part by a grant from the National Institute of Allergy and Infectious Diseases (#AI 29507), Diane M. Morrison, Principal Investigator.

public health STD clinic. Criteria for study inclusion were that the youth be unmarried, age 14-19 years, African American or white, and heterosexually active.[2]

The adolescents' responses to our open ended questions were then incorporated in a series of close-ended questions designed to measure beliefs, attitudes, norms, and knowledge about AIDS and other STDs, intentions to use condoms, self-efficacy and actual condom use. The questionnaires were administered to a new sample of 200 African- and European-American heterosexually active adolescents either in juvenile detention or attending an urban public health STD clinic.

Data from this survey provided information about the similarities and differences among males and females, and African- and European-American youths in their attitudes, beliefs, perceived norms, intentions, and behaviors regarding condom use. Since these data provided information about the beliefs regarding condoms held by members of the target population, messages in the interventions could be tailored very specifically to reinforce positive beliefs (e.g. condoms help prevent STDs) and alter negative beliefs (e.g. condoms interrupt sex).

Interestingly, there were few significant differences between males and females or African- and European-American adolescents (Gillmore, et al, in press). For example, only one gender difference with regard to beliefs about condoms was found: females more often than males believed that condoms would cause discomfort during intercourse with casual partners. There were few differences in attitudes about condoms by ethnicity, although European-American youths were more likely than African American youths to think that condoms interfere with romance with both casual and steady partners. Compared to European Americans, African-Americans were somewhat less knowledgeable about STDs and AIDS (Morrison, Baker & Gillmore, in press).

This information was used while designing all three interventions. Gender and race differences were woven into the content of the comic book and videotape by having the characters reflect some of the beliefs and attitudes found in the survey. For example, since females worried

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[2]Heterosexually active was defined as having had sex with a member of the opposite sex within the last three months.

about physical discomfort, female characters and actors were used to describe how lubricants could enhance pleasure. This was done to enhance the target population's identification with the models in the interventions. Based on the data, both races and genders were portrayed as being effective when requesting condom use and African Americans were employed to teach facts about STDs and AIDS.

Focus Groups

Focus groups of both African- and European-American youths from the target population were used to provide feedback on parts of the interventions as they were being developed. The goal was to ensure that the interventions developed were acceptable and appropriate for the target population.

A range of focus groups reviewed drafts of the interventions. Although most focus groups were mixed race and mixed gender groups, one was all African American and one was all female. For this process, adolescents were again recruited from the target population and participants in the two hour group were paid $20. These focus groups were used at three phases of intervention development.

First, preliminary scenarios for intervention vignettes were developed based on both the clinical experience of the Take 5 team and data from the earlier empirical studies. Each scenario was designed to focus on a few brief messages (e.g. you can't always tell if a person has an STD; using condoms doesn't mean you don't trust your partner) and to introduce skills in talking to a partner about using condoms. Undergraduate theater majors (both European- and African-Americans) were hired to audiotape the scenarios and these were presented to several focus groups. The focus groups provided feedback on the realism of the situations chosen, the acceptability and understandability of the content, the models being used to present information, and the usefulness of the skills being taught. For example, adolescents responded negatively to a model which sounded "too angry" and suggested that most of the vignettes sounded too stilted and formal. Their reactions were incorporated in the revisions of interventions.

Second, after an artist drew preliminary sketches of some vignettes for the comic book, focus groups of adolescents evaluated the comic book's artistry, appeal, and content. Although general reactions to the sketches were quite positive, the teenagers responded best to realistic characters. For example, a cartoon condom character that was used to teach facts about STDs and AIDS was intensely disliked by some. The comic book was then revised based on focus group reactions.

Third, focus group participants were asked about their preference for having race homogeneous or heterogeneous groups for the group skills training intervention. While race homogeneous groups make it easier to ensure cultural sensitivity, they may seem contrived and unusual to participants from some communities. For example in Seattle, the everyday lives of African- and European-American youths include contact and interaction with one another quite frequently. There was virtually unanimous agreement that the group intervention should be race heterogeneous.

Advisory Group Input

A third strategy used to ensure the gender and ethnic sensitivity and relevance of the interventions was use of an advisory group. The Take 5 advisory committee was formed of male and female, African- and European-American community professionals who work with adolescents. These advisors reviewed all intervention materials for realism, factual accuracy, applicability to the target population, cultural sensitivity and gender appropriateness. Their feedback throughout development of all of the interventions was invaluable and their feedback along with that of the adolescent focus groups was used in subsequent revisions of the interventions.

An example of the advisory group's input was in regard to the teaching of skills in talking to partners about using condoms. Although the Take 5 team had initially devised five skill steps, the advisory board recommended fewer steps, each with a short simple name so that the steps would be more easily remembered. With the advisory board's help, these four skill steps were designed: (1) Think it up (e.g. plan in advance what to say, when and where to say it, and what

your bottom line will be if your partner refuses to use a condom), (2) Bring it up, (3) Keep it up (e.g. if the partner resists, repeat the request, use "I" messages), and (4) Reward it (e.g. regardless of the outcome, give yourself credit for having the courage to bring it up; and if your partner agrees, let him or her know you appreciate it).

Consumer Input

In addition to the focus groups discussed earlier, another type of specific consumer input was desired. The goal was to get realistic language of the target population for use in the interventions, especially for the videotape. This was accomplished in a unique way. A playwright, hired to write the video script, used several groups of African- and European-American males and females from the target populations to improvise vignettes and scenes so he could write the scripts in their language. This step occurred toward the end of intervention development, after the messages and basic outline of the content was decided. The teenagers participating in this process were given quite specific scenes and ideas to act out and the playwright tape recorded their improvisation in order to later use the unique features of their natural language in the final video script.

This step in the development process was very important in ensuring that the words used in the materials were similar to those normally used by adolescents in the target population. For example, the playwright was interested in seeing what words these teenagers used for some of the concepts and ideas (i.e. protection, condoms, disease) in the interventions. Care was taken to recruit participants for these improvisation sessions from the target population who did not have theatrical training. Some of the teenagers who participated in the focus groups also agreed to participate in the improvisation groups.

Pilot-testing

A small number of teenagers were recruited from the target population to receive one of the interventions. This process allowed the intervention developers to see if the potential subjects could follow and were attentive to the interventions. Adolescents who might serve as peer facilitators were involved as group participants to test the intervention. Among the major changes

resulting from this process were a decrease in the number of exercises, an increase in the participation of group members in the exercises, and the assignment of a more active role to peer facilitators.

Consumer Reactions to the Take 5 Intervention

This consumer oriented process was used with goal of developing appropriate, accessible, and acceptable interventions for high risk adolescents. As the intervention was implemented, efforts were made to gain feedback from participants. These data can be used to assess the degree to which the Take 5 Project is viewed as relevant and appropriate to the target populations. Subsequent analysis will use other measures to look at actual outcomes of the interventions in order to evaluate its effectiveness in changing attitudes, intentions, and behaviors of the participants.

Sample

The Take 5 project interventions are being evaluated currently in a study using a sample of heterosexually active adolescents who are at high risk of contracting STDs. These teenagers are being recruited from two urban county health department clinics that provide STD and reproductive health care, from Planned Parenthood, from the county juvenile detention facility, and from other social and health agencies serving the target population. Efforts have been made to recruit equal numbers of males and females and equal numbers of African- and European-American adolescents. To date, 300 adolescents have received one of the three interventions. The gender and racial breakdown for these program participants is 54% female, 46% male, 50% European American and 50% African American.

Measures

A brief questionnaire has been used to collect data immediately after adolescents complete the interventions in order to measure their reactions. These data provide information about how much of the intervention the adolescents saw (video) or read (comic book); self assessment of learning (scored on a 4 point scale where 1 = nothing and 4 = a whole lot); whether the information

would help protect them from STDS (scored on a 5 point scale where 1=definitely not and 5 = definitely yes); whether they would recommend the intervention to friends (1= yes, 2 = no); and their overall impressions of the intervention. The latter were measured by five items asking how boring/interesting, nice/awful, stupid/smart, good/bad, and useful/useless the intervention was. Each item was scored on a five point scale where 5 indicated a positive attribute; the scores were summed to form an overall impression of the intervention.

Results

Descriptive statistics and analysis of variance were used to analyze these data. Open ended questions regarding reactions to the group skills training were coded into categories and also analyzed. Results suggest a few gender and no race differences in these data which provide information about the accessibility and acceptability of the interventions across the different race/gender subgroups. Those differences that did exist are presented in Table One.

Comic Book. There were few differences among the subgroups with regard to their evaluation of the comic book. All rated the comic book similarly and found it interesting, smart, and useful. Overall 85% said they would recommend the comic book to friends and, compared to other written materials on the same topic, most (69%) found the comic book to be a little or much better. No race differences were found, but female subjects rated it more positively.

There were no subgroup differences in the average number of skill steps study participants could correctly recall (mean = 2 out of 4 steps) nor in their ability to name a place to buy or get free condoms (99% could do both). There were no significant differences between subgroups in their belief that the materials would help protect them from STDs; 76% believed that the materials would be helpful and 62% said they had learned more than a little from the material.

Video. Almost all (92%) of those viewing the video said they would recommend it to friends. The video was rated highly and 81% said it was better than other similar materials on the same topic. As with the comic book, males gave the materials less favorable ratings than females, and females said they learned more. Overall, 71% said they learned some or a lot. Eight-two

percent believed that the material would be helpful in protecting them from an STD. On average they were able to list three of the four skill steps accurately.

Group. There were no race or gender differences on any of the variables relating to the group experience. The participants rated both adult and peer leaders very positively. In response to open ended questions, participants indicated that they liked the role plays and skills information the most and found the content on skills and STDs to be the most helpful. Fifty-four percent indicated that there was nothing they disliked, and 15% wrote that personality clashes among participants were a negative factor. On average, group participants recalled just over 3 of the 4 skill steps.

In summary, there were very few differences in the ratings of the four subgroups with regard to any of the interventions. The differences that did appear were between males and females rather that between ethnic groups. Although both genders rated the interventions positively, males rated them slightly less positively than did females. This suggests that these methods were successful in creating interventions that were equally accessible and acceptable to African - and European-Americans, but which were slightly more appealing to young women.

Discussion

This article presents one framework for creating gender and ethnically appropriate interventions. The success of the Take 5 Project in reaching most participants suggests the importance of consumer input and involvement in all aspects of intervention development. The experience of project staff with this process suggests the following considerations future researchers and practitioners need to take into account when developing gender and ethnically relevant interventions.

The commitment to the process

As indicated by the description, the process of involving consumers in the development of interventions requires the ability to take the time to work closely with community members. This involves indentifying potential consumers and community leaders, engaging them in the project,

scheduling meetings for input, and providing time for follow up and feedback. The process described in this article took about a year, although development of these three interventions was staggered over this time. Although the research and intervention team felt that this was a worthwhile investment in time, money, and staff, this detailed a process may not be realistic for program developers in the field. Actual practice replication may require that social workers identify those aspects of this process which are most realistic for their setting (eg. using research data, focus groups, advisory board, or consumer input) and use them when developing interventions.

Methods to evaluate gender and ethnically relevant interventions

As discussed previously, the relative effectiveness of gender and ethnically relevant interventions has rarely been evaluated. Therefore, we have little knowledge of the degree to which these interventions are any more effective with the target group than those developed for general populations. In addition, we have no data on what aspects (eg. language, facilitator qualities, location) are the most effective. In this study we determined that data on reactions to the interventions and eventual outcomes could provide information on differences between the four target groups. However, more systematic research is needed to study different elements of interventions so we can carry design and development work out most efficiently.

Cultural acceptance vs. cultural change

Developing gender and ethnically relevant interventions raises issues regarding the role of culture in social work practice. Scholars in this field have argued that recognizing and using cultural beliefs and attitudes can be a way to change negative behavior patterns. This can raise ethical dilemmas when these beliefs may impede paths to positive change. For example, from the focus groups we learned that for most males, asking to use a condom was an atypical act: they did not take partner's choice into account. This pattern was a reflection of our culture's gender expectations in respect to sexual behavior. In the intervention we decided to attempt to change this gender role pattern by encouraging both young men and women to discuss condoms with their partners. However, given the traditional pattern it might have been more effective to simply suggest that they use condoms, and not enter into a discussion. The question is: when is it

appropriate to challenge cultural norms when they clearly seem to perpetuate the problems we are trying to address? To what degree will supporting a culture undermine what we are trying to do? In this case, we opted to challenge gender role norms because of a belief that talking about condom use could lead to greater compliance by both genders.

Gender issues in practice

The data on gender differences regarding reactions to the intervention suggest that although they rated them positively, males found the materials less appealing than females. Although this pattern may not also be true for outcomes, this reaction raises concern. In creating this intervention primary attention was paid to the needs of the two racial groups and issues specific to women. Men in the focus groups expressed the opinion that discussing condoms with partners was not an issue for them. These experiences and outcomes suggest that when developing gender relevant interventions the perceptions of men must be included in a more purposive way. This could involve additional focus groups with men and male leaders or more direct input from male participants.

As we approach the 21st century, the ability to create gender and ethnically relevant services will become even more important. This article presents a method which can be used to involve consumers and community members in the process of developing interventions. Data suggest that this method successfully integrated ethnic factors and women's concerns into a program to prevent the spread of STD's among adolescents. However, more work is needed to more adequately reach the perspectives of young men. This process, if modified, can be a useful tool for social workers interested in creating services which can reach diverse populations.

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Figure One: Client Characteristics

Culture
- Beliefs
- Values
- Help seeking
- Health Beliefs

Socialization
- Developmental factors
- Normative Roles

Power
- Within group differences
- Between group differences

Figure Two: Program Characteristics

ACCESS ISSUES
- Cost
- Location
- Personnel
  - age
  - ethnicity
  - gender
  - consumers
- Anonymity
- Outreach

DESIGN ISSUES
- Choice of methods
- Group composition
- Choice of messages
- Choice of models
- Choice of situations

Figure Three: Steps in Developing A Gender and Ethnically Relevant Intervention

empirical study of the target population

focus groups

advisory group input

consumer input

pilot-testing

Table 1: Mean Scores on Participants' Evaluation of Intervention

Item	Comic n=279		Video n=164		Group n=59	
	male	female	male	female	male	female
amount learned						
mean score	2.47	2.93	2.70	3.17	2.88	3.35
SD	.95	.90	.95.	.70.	.74	.80
N	126	153	83	81	33	26
	$p < .001$		$p < .0005$		$p < .04$	
recommend to friend						
mean score	1.33	1.09	1.13	1.02		
SD	.41	.29	.34.	.16		
N	$p < .005$		$p = .01$			